

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10032280</i>	FILING DATE					
						APPLICANT(S)						
						CLAIMS						
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1							61					
2							62					
3							63					
4							64					
5							65					
6							66					
7							67					
8							68					
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36							96					
37							97					
38							98					
39							99					
40							100					
41							TOTAL IND.					
42							TOTAL DEP.					
43							TOTAL DEP.					
44							TOTAL CLAIMS					
45												
46												
47												
48												
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(2)

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10032280	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
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TOTAL IND.			1	1	1	1
TOTAL DEP.			1	1	1	1
TOTAL CLAIMS			19	19	19	19

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
51								
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99								
100								
TOTAL IND.			1	1	1	1		
TOTAL DEP.			1	1	1	1		
TOTAL CLAIMS			19	19	19	19		